

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

02/940020

FILING DATE

9/29/97

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52		1				
3							53		1				
4							54		1				
5							55	1					
6							56		1				
7							57		1				
8							58		3				
9							59						
10							60						
11							61						
12	1						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25							75						
26							76						
27	1						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38	1						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47		3					97						
48		386					98						
49	1						99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	654						TOTAL CLAIMS						